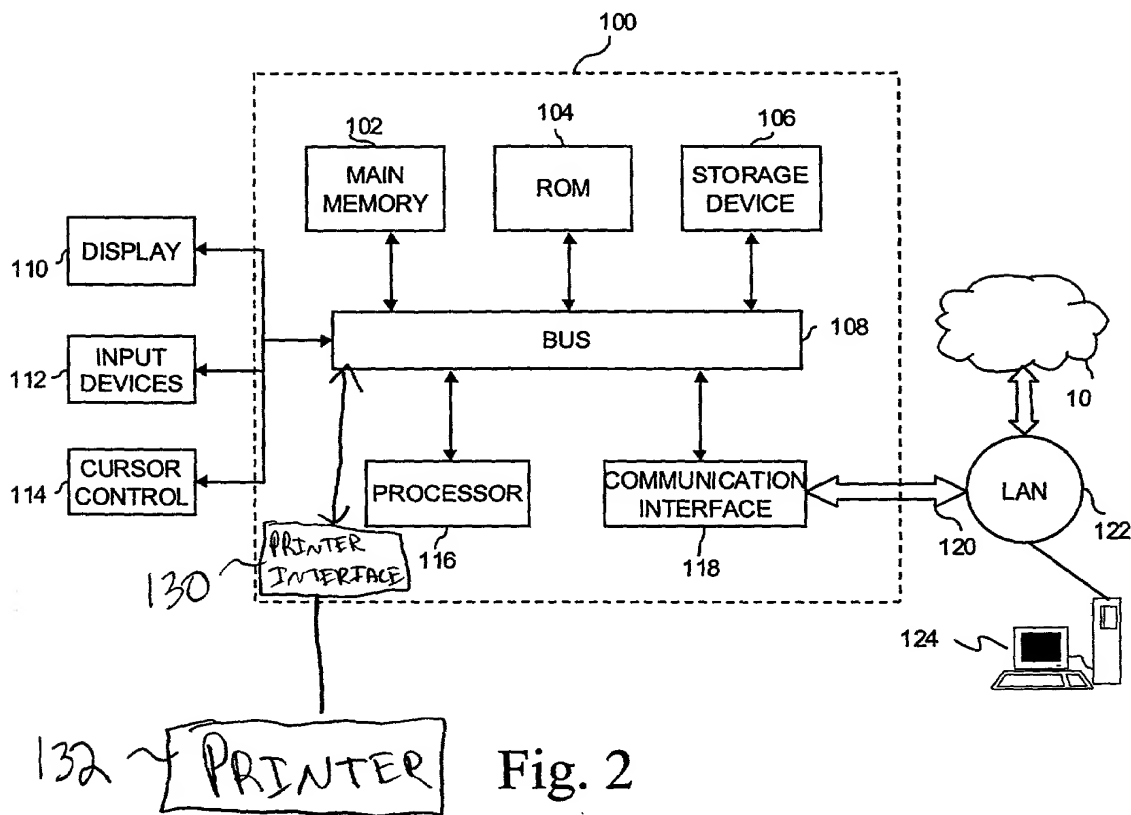


FIG. 1



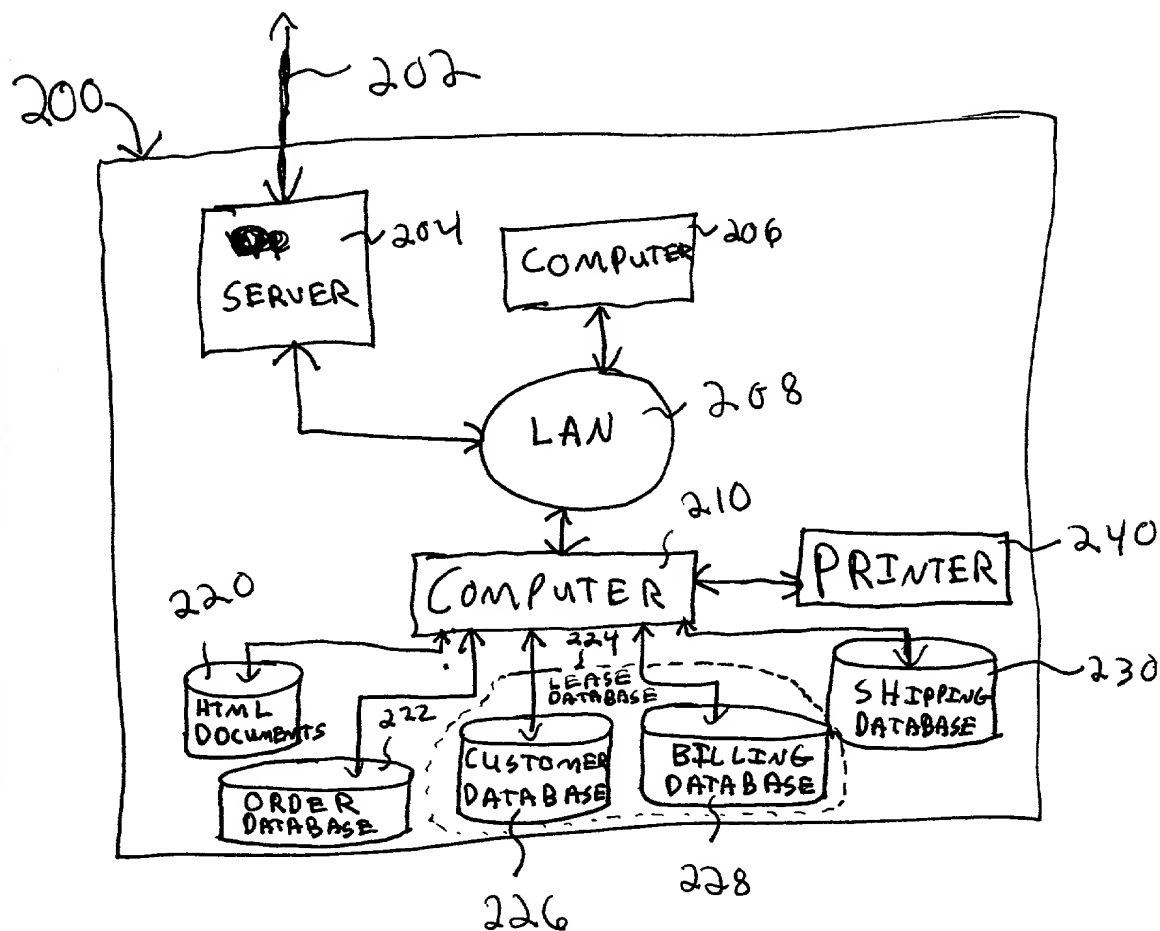


Fig. 3

300 →

LEASE AGREEMENT
COMPANY XYZ

302 BUSINESS NAME

304 ADDRESS

306 CITY/STATE/ZIP

308 PHONE

310 YEARS IN BUSINESS

312 No. of Employees

314 Nature of Business

316 Any Late Payments

318 Any Charge offs

320 Any Tax Liens

322 Model of Imaging Device

324 Options of Imaging Device

326 Price of Imaging Device

328 MONTHLY LEASE PAYMENT

330 Debit Bank Account/Account Number

332 Start of Lease

334 End of Lease

336 Number of Payments

338 Price per Payment

340 ALLOW SUPPLIES TO BE AUTOMATICALLY
DEBITED FROM BANK ACCOUNT YES ☐ NO ☐

342 ALLOW SUPPLIES TO BE AUTOMATICALLY
DEBITED FROM THIRD PARTY CREDIT CARD YES ☐ NO ☐

344 ALLOW SUPPLIES TO BE PURCHASED
ON CREDIT YES ☐ NO ☐

346 USERNAME/PASSWORD

348 EMAIL ADDRESS

350 SIGNATURE

352 NAME DATE

Fig. 4

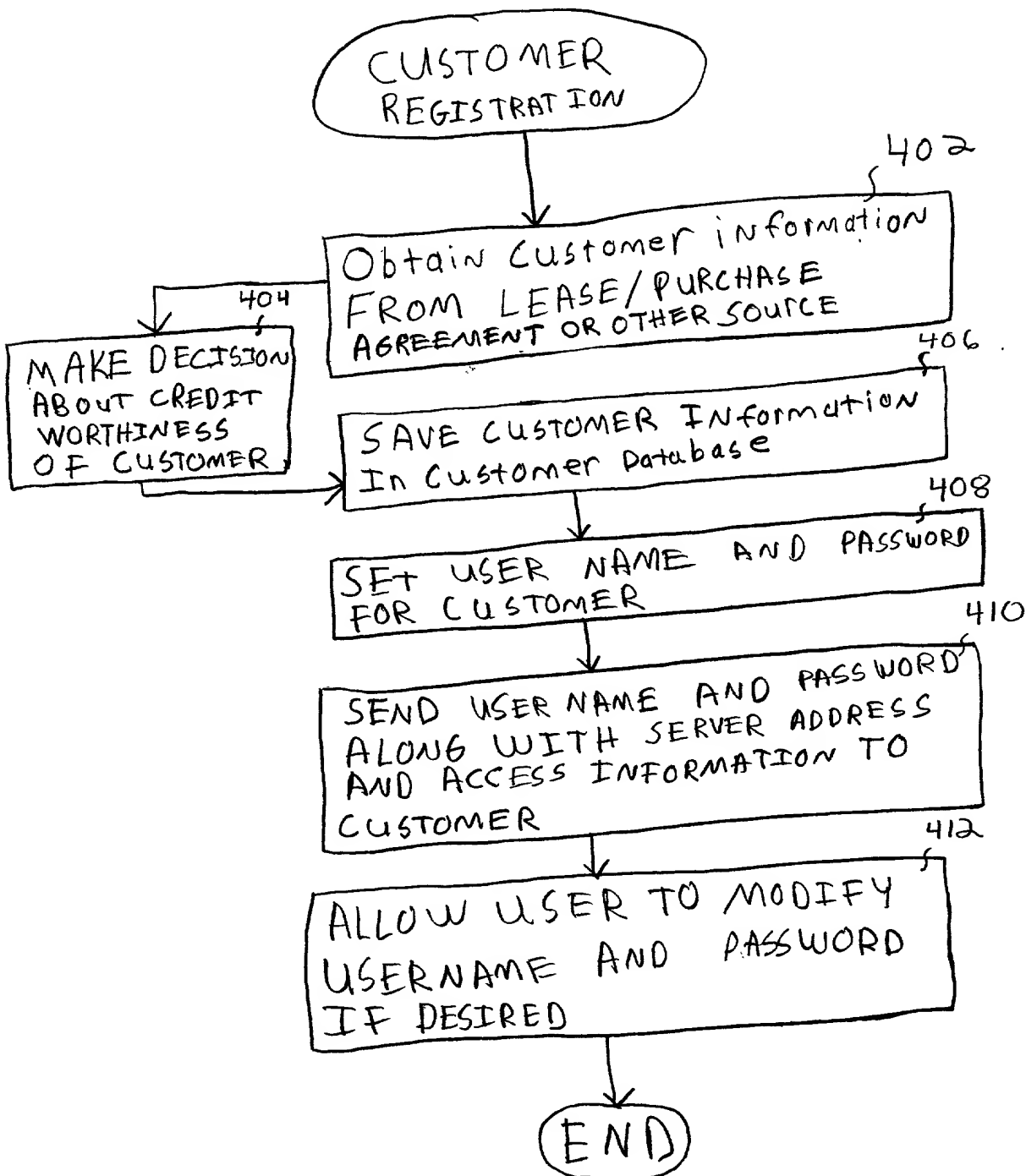


Fig. 5

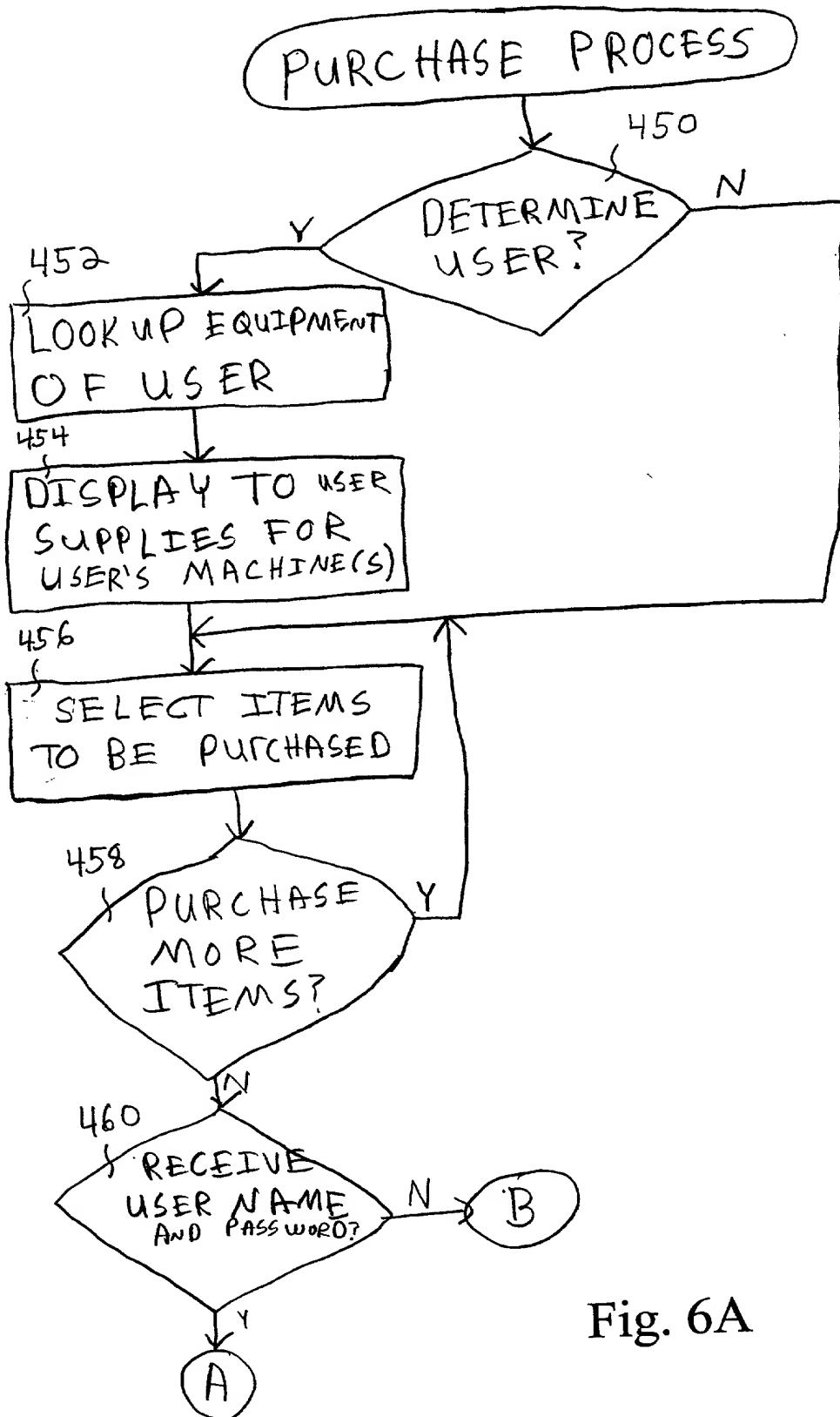


Fig. 6A

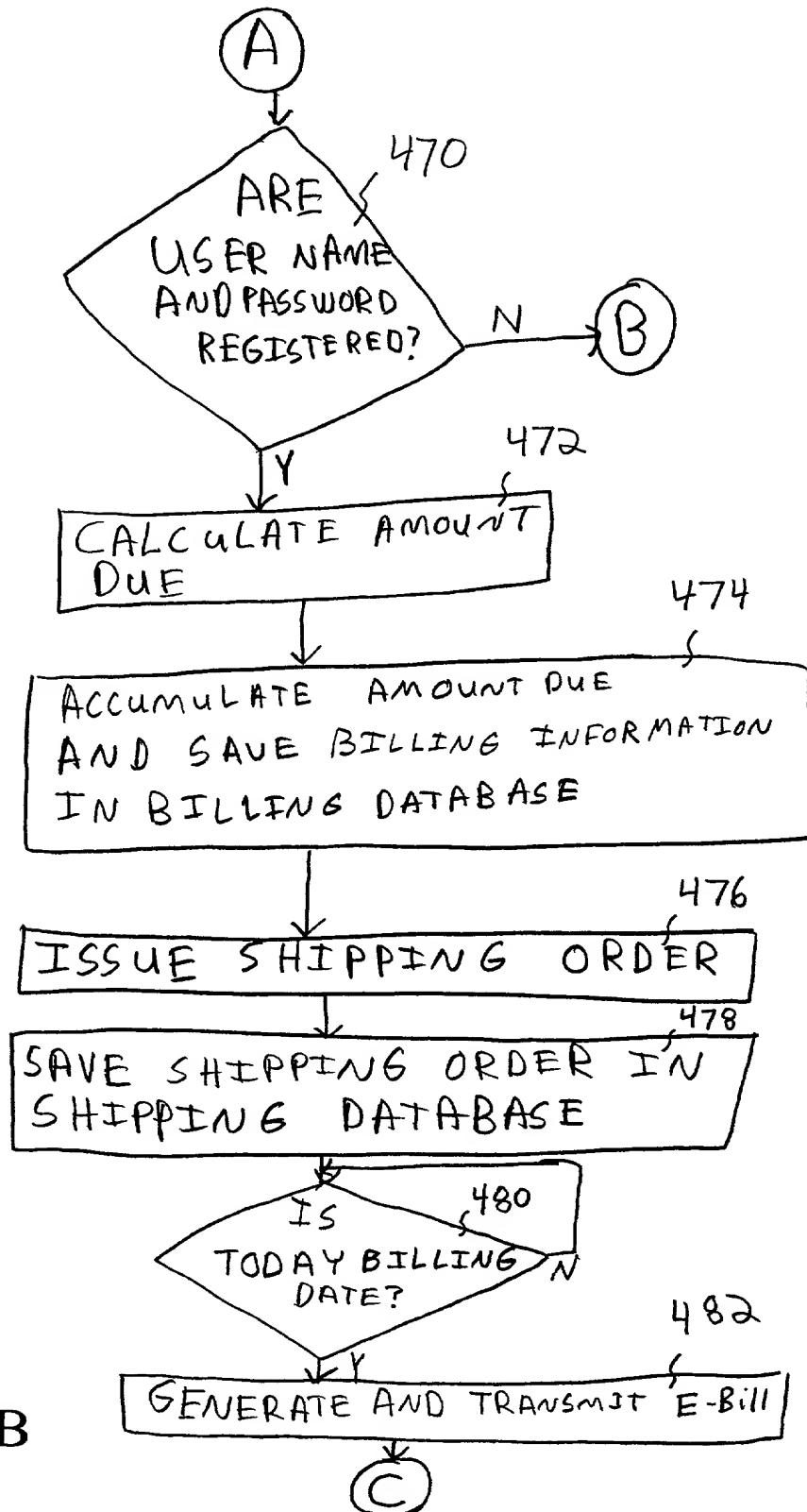


Fig. 6B

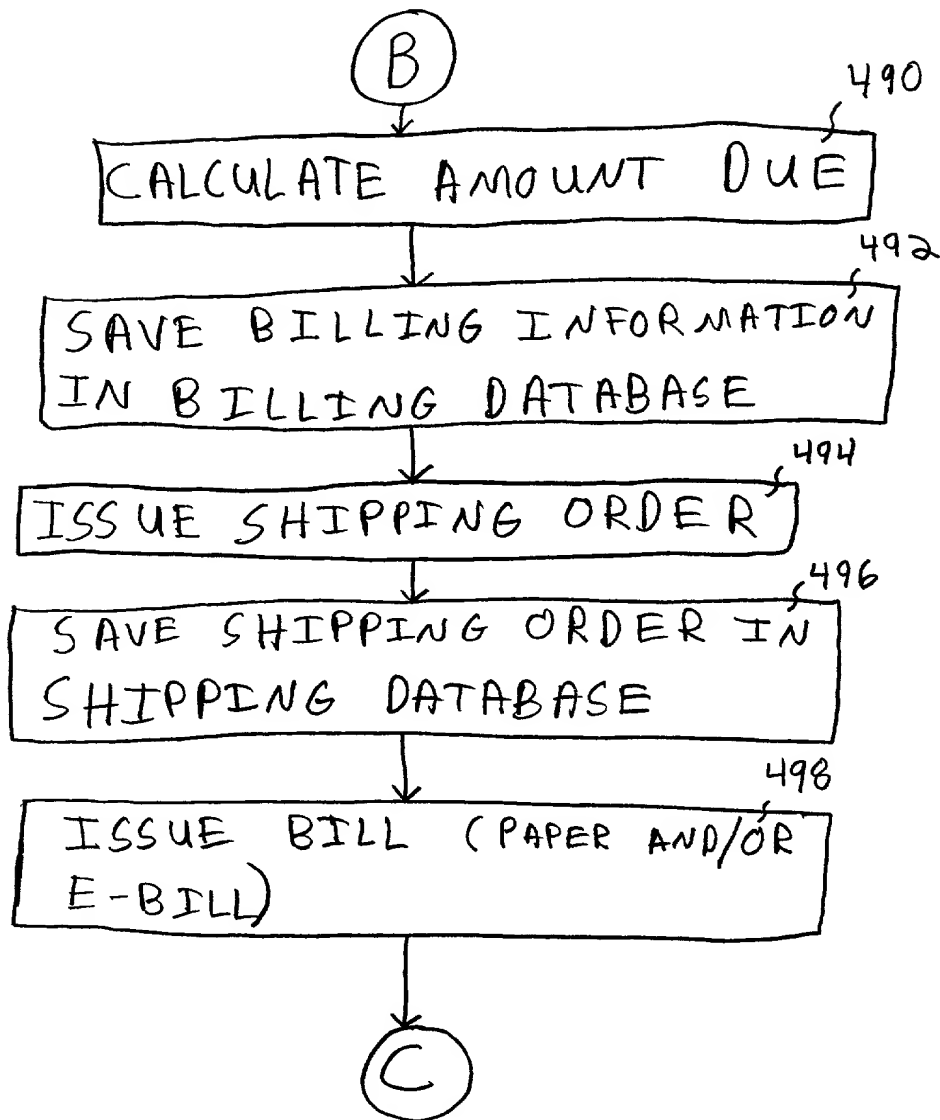


Fig. 6C

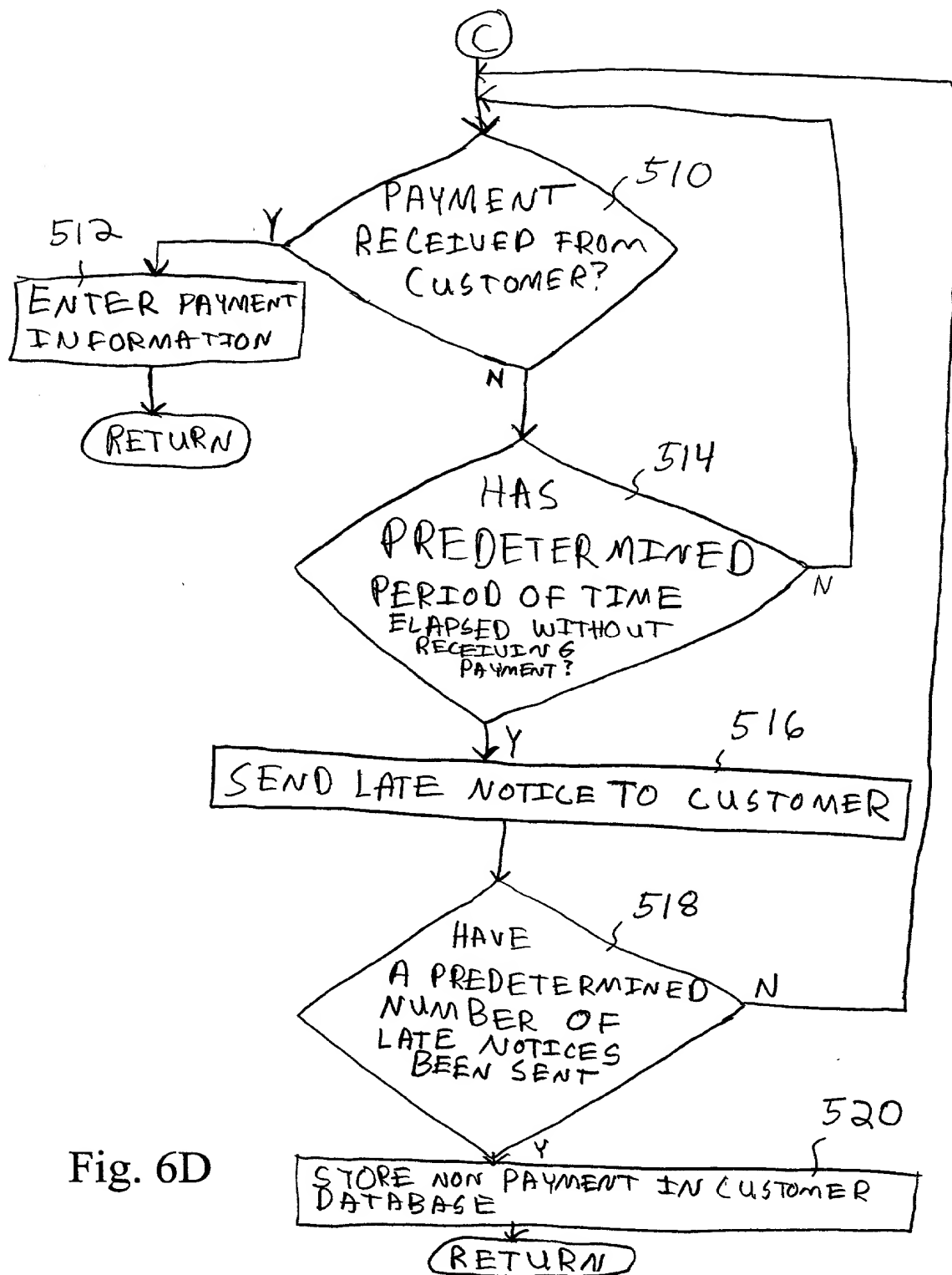


Fig. 6D

550 ↘

IMAGING DEVICE SUPPLIES

OUR RECORDS SHOW YOU HAVE
A MODEL XXX COPIER. Please
Select the Supplies you would
LIKE TO PURCHASE FOR THIS
COPIER.

<u>ITEM</u>	<u>UNIT PRICE</u>	<u>QUANTITY</u>	<u>TOTAL PRICE</u>
TONER	Y.YY	<input type="checkbox"/>	<input type="checkbox"/>
DEVELOPER	Z.ZZ	<input type="checkbox"/>	<input type="checkbox"/>
STAPLES	A.AA	<input type="checkbox"/>	<input type="checkbox"/>
FUSER	B.BB	<input type="checkbox"/>	<input type="checkbox"/>

OTHER SUPPLIES

PAPER	C.CC	<input type="checkbox"/>	<input type="checkbox"/>
-------	------	--------------------------	--------------------------

SUBTOTAL

552
\$
PROCEED TO
CHECKOUT

ORDER MORE SUPPLIES ~554

Fig. 7

600 →

I M A G I N G D E V I C E S U P P L I E S

602 → E N T E R A M O D E L O F T H E
 I M A G I N G D E V I C E

 S E L E C T T H E C A T E G O R Y O F
 T H E S U P P L Y Y O U W O U L D
 L I K E T O P U R C H A S E

604 →

606 → E N T E R T H E P A R T N U M B E R
 Y O U W O U L D L I K E T O P U R C H A S E

Fig. 8

650 →

SUBTOTAL	J.JJ
DELIVERY	K.KK
TAX	L.LL
<hr/>	
TOTAL	MM.MM

652 → CONFIRM ORDER

654 → CANCEL ORDER

Fig. 9

Joseph D. Oakes		Statement Summary
101 Elm Street		Residence Service Flat Rate
Anywhere, USA		Account 313-425-5894 486 S 8894
54310-5537		Statement Date June 5, 1999
Amount of Previous Bill	132.60	
Payment(s). Thank you. 6/29	132.60	
BlueBell - Basic Local Service	30.00	
BlueBell - Information Services	7.75	
BlueBell - Long-Distance Service	172.30	
ZY&Z - Long-Distance	36.25	
Current Amount Due	\$246.30	
Current Amount Due By	Jul. 1, 1999	

Fig. 10
Related Art


Pay Bill Now	
Pay By	
Payment Amount	\$126.15
	<input type="button" value="Pay Bill Now"/>
In your Registration Form, you indicated that you preferred to make your Online Payments by Visa Card.	
Should you wish to change your preference, please use our <u>Registration Information</u> form.	

Fig. 11
Related Art